

*I would like to support your worthwhile organization.  
Enclosed is my tax deductible check/money order in  
the following amount: \$ \_\_\_\_\_*

*Please List Me as: (Check one)*

<input type="checkbox"/>	Donor under \$100	<input type="checkbox"/>	Patron \$500-\$1000
<input type="checkbox"/>	Sponsor \$100-\$500	<input type="checkbox"/>	Benefactor over \$1000

Please bill my donation to my  Master Card  Visa  
Number: \_\_\_\_\_

Expires: \_\_\_\_\_

\_\_\_\_\_  
Signature

FIRST NAME  INITIAL  LAST NAME

STREET ADDRESS  APARTMENT/SUITE NUMBER

CITY/COUNTY  STATE  ZIP

\* *Donations over \$100 will receive  
a Complementary Contributing  
Membership to NAPWA*

1710104

Return to:

NAPWA  
P.O. Box 18345  
Washington, D.C. 20036